Good afternoon Mr. Chairman and member of the committee, I am Robert Baratta, national telehealth consultant for Teladoc Health. I am here as a poor substitute for Claudia Tucker, the Vice President for Government Affairs, whom some of you may know. She was called elsewhere and I am filling in today.

By way of introduction, Teladoc Health is the world's largest telehealth company. We serve patients in 130 countries around the world and in all 50 states here at home, including Idaho. Our general medical platform about which some of you may be familiar provides non-emergent, episodic care remotely to patients through our network of more than 300 staff doctors and more than 3,100 board-certified physicians and behavioral health providers. To date, millions of patients have received effective treatment over that platform. Teladoc Health performed the first virtual visit in Idaho in 2005. Currently, there are over 112,000 lives covered by Teladoc. We have 52 Idaho licensed, board certified physicians who performed over 4,000 virtual visits in 2019. Over 1600 employers in Idaho offer to their employees the Teladoc Health benefit. In 2019 alone saved Idaho and its citizens over \$1.9 million dollars in health care costs.

A sampling of our clients include the University of Idaho, US Dairy Systems, City of Pocatello, City of Idaho Falls, City of Rexburg, Jefferson County and its School District, Teach for America, Home Depot, Kroger, Costco, National Rural Electric Coop and many more. It is on behalf of those clients that we are here today requesting this amendment to the Idaho Telehealth Access Act.

Teladoc Health was here back in 2015 and worked with the Legislature on the initial telehealth legislation. The state wanted to move cautiously, and it did. Five years later, we have the opportunity to see what other states are doing regarding the treatment of remote technology, including your neighbors. Every single one allows both interactive audio or video. Nationally, only three other states have such

a statutory requirement (New Hampshire, Delaware and Arkansas).

HB 342 will do one thing; it will remove the requirement for a video first virtual exam as long as the treating provider has access to and reviews the patient's medical history. It will allow for patient choice and facilitate health care provider professional discretion. The Idaho licensed providers will use their professional judgement as to the type of technology needed for each individual interaction. If the patient chooses an audio consultation and the provider believes that he/she needs a visual interaction, then that's what will happen.

I urge you to allow Idahoans to have choice in their health care by using a tool that will increase access to quality care and decrease costs. I urge you to vote YES on HB 342. Thank you for your time and kind consideration.